

CRITERIA FOR PRIOR AUTHORIZATION

Prialt® (ziconotide)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Zinconotide (Prialt)

CRITERIA FOR PRIALT Must meet all of the following:

- Patient must have a diagnosis of severe chronic pain
- Patient must be 18 years of age or older
- Patient must be intolerant or refractory to at least one of the following treatments for chronic pain:
 - Systemic analgesics
 - Adjunctive therapies
 - Intrathecal morphine
- The dose must not exceed 19.2 mcg/day
- Patient must not have any of the following contraindications
 - Pre-existing history of psychosis
 - A contraindication to the use of Intrathecal analgesia including:
 - The presence of infection at the microinfusion injection site
 - Uncontrolled bleeding diathesis
 - Spinal canal obstruction that impairs circulation of cerebrospinal fluid
 - Concomitant treatment or medical condition that would render Intrathecal administration hazardous
 - A known hypersensitivity to ziconotide or any of its formulation components
- Prescriber must be experienced in the technique of intrathecal administration and who is familiar with the drug and device labeling

LENGTH OF APPROVAL 12 months